



Community Services Department – Recreation Division  
3300 Capitol Avenue, Building B, Fremont, CA 94537-5006  
510 494-4300 *ph* | [www.fremont.gov](http://www.fremont.gov)

**HAVE YOUR COPY OF APPLICATION  
IN POSSESSION DURING USE**

- Please type or print clearly with a ballpoint pen.
- Application must be submitted a minimum of 10 working days and a maximum of 1 year prior to date of use.
- Complete application must be submitted with full payment.

Received by: \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Facility Use Application & Permit**

CHECK ONE: ☐ COMMUNITY CENTER USE ☐ PARK USE ☐ BOTH

1. I, \_\_\_\_\_, representing \_\_\_\_\_  
(Name of Individual) (Organization, if applicable)  
hereby request permission to use the following facility:

Facility Requested: \_\_\_\_\_

Specific areas or rooms requested:

- ☐ Meeting Room ☐ Tiny Tot Room ☐ Craft Room ☐ Kitchen ☐ Gym  
☐ Multi-purpose Room ☐ Conference Room ☐ Patio

2. Date of Use: \_\_\_\_\_ Day of Week: \_\_\_\_\_

**USE SUPPLEMENTAL SHEET (RLS #141.2) FOR ADDITIONAL DATES**

Time of Use: From \_\_\_\_\_ a.m. / p.m. to \_\_\_\_\_ a.m. / p.m. – INCLUDE SET-UP & CLEAN-UP TIME

3. The purpose of this use will be: \_\_\_\_\_  
(Meeting, Meal, Reception, Party, Fundraiser, etc.)

4. Anticipated attendance: ADULTS \_\_\_\_\_ YOUTHS (Under 17) \_\_\_\_\_ TOTAL \_\_\_\_\_

5. What percent of group are Fremont residents: \_\_\_\_\_% (Rosters may be required to show proof of residency.)

6. Will there be an admission charge, sale, solicitation, donation, or collection involved with your use? \_\_\_\_\_  
If yes, see **Facility Use Policy & Information** (RLS #141.4) and **Facility Use Financial Statement** (RLS #141.3)

7. Is the use of alcohol requested? \_\_\_\_\_ If yes, see **Facility Use Policy** (RLS #141.4) and fill out alcohol use permit (*no more than 4 hours serving time*). If answer is yes to both 6 & 7, please see **Assembly/Alcohol Permit, Form 1233**.

8. Equipment or services requested (contingent upon availability):  
\_\_\_\_\_ # of chairs \_\_\_\_\_ # of banquet tables \_\_\_\_\_ Other: \_\_\_\_\_

9. Will there be decorations? \_\_\_\_\_ Explain: \_\_\_\_\_

10. Will other paid services be used [i.e., commercial caterer, band, performer(s), speaker, etc.] After 10pm, music volume must be reduced.  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

11. Will your use require the placing of signs, flyers or posters on City property: \_\_\_\_\_

It is distinctly understood and agreed that the applicant assumes all risks for loss, damage, liability, injury, cost or expense that may arise during or be caused in any way by such use or occupancy of the facilities of the City of Fremont and/or Recreation Services; the applicant further agrees that in consideration of being permitted to use the facilities, he, will save and hold the said City of Fremont and/or their employees from any loss, claims, and liability or damages, and/or injuries to persons and property that in any way may be caused by applicant's use or occupancy.

Any change, alteration or modification of intended use must be approved by Recreation Services. Change can result in cancellation of use or change in use requirements and fees.

I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant of any damage/loss sustained by the grounds, building, furniture or equipment or unusual clean up occurring through the occupancy of said facilities by the applicant.

Date Completed: \_\_\_\_\_

Please Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Title of Office Held \_\_\_\_\_

Number and Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ E-mail: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

User Classification: \_\_\_\_\_ Rooms Assigned: \_\_\_\_\_

Approved/Disapproved by: \_\_\_\_\_ Date: \_\_\_\_\_ Notice Mailed: \_\_\_\_\_

Remarks: \_\_\_\_\_ Tiny Tots Room \_\_\_\_\_ hrs. x \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ Meeting Room \_\_\_\_\_ hrs. x \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ Crafts Room \_\_\_\_\_ hrs. x \_\_\_\_\_ = \$ \_\_\_\_\_

Fees: Cleaning/Damage deposit \_\_\_\_\_ = \$ \_\_\_\_\_ Other \_\_\_\_\_ hrs. x \_\_\_\_\_ = \$ \_\_\_\_\_

Kitchen \_\_\_\_\_ hrs. x \_\_\_\_\_ = \$ \_\_\_\_\_ Acct. # Fees \_\_\_\_\_ Deposit \_\_\_\_\_ Total= \$ \_\_\_\_\_

**\*NOTE: Additional information on back of pink copy.**

**Rental #:** \_\_\_\_\_



## Facility Use Regulations and Guidelines

### 1. APPLICATION FEES AND DEPOSITS:

Reservations are completed through presentation of application and payment of all fees and deposits. You will receive an approved copy back.

**2. TIME RESERVED TO COVER ENTIRE USE:** The hours shown on the application will cover the entire time required for the permittee to decorate, set up, conduct the activity, and clean up the facility after use. The facilities must be vacated promptly at the conclusion of the time specified on the permit. Occupancy beyond the time specified on the permit will result in overtime charges at one and one-half time for staff plus the hourly rental rate. Overtime use will only be allowed when staff is available.

**3. NORMAL OPERATING HOURS:** Sunday through Thursday, 8:30am to 10pm; Friday and Saturday, 8:30am to 12am.

**4. SET-UP/TAKE-DOWN/CLEAN-UP:** Groups are required to set up, take down, and clean tables and chairs for their event. City staff will show you where equipment is located. Groups must also clean up facility in manner that allows it to be ready for the next group. Deposits will be forfeited for inadequate clean-up or care of furnishings or facility.

**5. CANCELLATION BY PERMITTEE:** Permittee must submit written notice of cancellation at least ten (10) days prior to the cancellation of any dates covered by the permit. Fees for uses canceled thirty (30) or more days in advance will be refunded, less 10%; 10-29 days, less 30%; less than ten (10) days, no refund.

**6. REFUND OF DEPOSITS:** Refund of deposits will be made by mail where no damage or loss has occurred or where no extra clean-up is required as a result of permittee's use of facilities. In the event of charges for damage or loss, the deposit will be forfeited and additional charges made to cover damages or loss. Having a fire alarm accidentally pulled during your event by a member of your party will result in a fine appropriately determined by the Fire Department.

### 7. ALCOHOL REGULATIONS:

- Alcoholic Beverages Permitted.** The use of alcohol will be restricted to only beer, wine, or champagne consumed in rental room ONLY (no drinking in park, hallway, or restrooms).
- Use of Alcoholic Beverages.** By written permit only and must be requested at the time the facility use application is made.
- Possession of Alcohol.** No one shall be admitted to indoor recreational facilities who is under the influence of alcohol or who has

alcoholic beverages in his possession, not authorized by written permit.

- No Sale of Alcoholic Beverages.** There will be no on-site sale of alcoholic beverages permitted at recreational facilities without written authorization from the City of Fremont's Chief of Police.
- Time Limits for Alcoholic Beverages.** The use or provision of alcoholic beverages at indoor facilities will not exceed four (4) hours for any one event. The specific time shall be written on the Alcohol Use Permit submitted by applicant.
- Alcohol consumption MUST remain in the reserved room.** NO alcohol is allowed in the park at any time and no person should be drinking in the park, hallways or restrooms.
- Renter is responsible** for any minors consuming any alcoholic beverage which is punishable by law. Fremont Police Department will be contacted and I will forfeit my entire deposit.
- Consumption of alcohol** must end at least one hour prior to the end of the event or 11:00 p.m., whichever comes first.

**8. DECORATING:** Plans to decorate the facility must be requested on the application for approval. Generally, only masking tape is acceptable and no nails or tacks are allowed. All decorations must be fireproof or of fire retardant materials. Nothing shall be attached to light fixtures. No decorations will be permitted within 18 inches of ceiling sprinklers. Candles or other open flame devices will not be permitted.

**9. NO VERBAL AGREEMENTS:** No verbal agreements for use of facilities shall be made, nor in any way be binding on the City.

**10. SPECIAL EQUIPMENT AND FURNISHINGS:** Some rooms are equipped with specialized equipment and furnishings for City sponsored classes. These materials are NOT available for your use unless authorized in advance and written approval is on your application.

**11. SMOKING:** Smoking is ONLY permitted outside of City buildings, 25 feet away from any facility door or window. Smoking receptacles must be utilized.

**12. AMPLIFIED MUSIC:** Amplified music MUST be reduced in volume by 10:00 p.m. and doors are to remain CLOSED after 10:00 p.m. Centers are in residential areas and renters must adhere to the noise regulations in residential areas. Music must cease one hour prior to the end of a rental or by 11:00 p.m., whichever comes first.

**13. USE OF STYROFOAM:** As of 1/1/11 the use of Expanded Polystyrene (#6) food service ware (known as Styrofoam) is prohibited for all City Facility Users. Any food service ware must be compostable/recyclable.





## ALCOHOL USE PERMIT

In conjunction with my application for use of \_\_\_\_\_ Community Center on (activity date) \_\_\_\_\_, I am requesting permission to serve alcohol **from** \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m. **(4 hour use period only, ending one hour prior to the end of the party or by 11:00 p.m., whichever comes first)**. I understand that **NO** alcohol is allowed in the park. I understand that only BEER, WINE and/or CHAMPAGNE are permitted. I further understand that I must provide adult supervision to prevent consumption of alcoholic beverages by minors.

I intend to serve: ☐ BEER ☐ WINE ☐ CHAMPAGNE

Describe serving method: \_\_\_\_\_  
(i.e. bottles, kegs, bartender, etc.)

\_\_\_\_ (Initial Here) I will not charge or solicit donations for admissions to the event and/or for the alcoholic beverages.

\_\_\_\_ (Initial Here) I understand that serving of alcohol must cease one hour prior to the end of my rental  
(no later than 11:00 p.m., whichever comes first).

\_\_\_\_ (Initial Here) I am at least 21 years old.

\_\_\_\_ (Initial Here) I will **NOT** be serving alcohol

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RULES AND REGULATIONS AGREEMENT

I understand the City of Fremont, Parks and Recreation Department regulates the use of community centers. I have read the Facility Rental Information and Guide and understand that if my use does not meet the criteria established therein, I will forfeit my entire deposit.

I further understand that I am fully responsible for the actions of everyone who attends my event, and agree to fully cooperate with City of Fremont staff to assure that my use adheres to the community center use guidelines.

\_\_\_\_ (Initial Here) I understand that music **MUST** decrease in volume at 10:00 p.m. and doors to the outside **MUST** be kept closed.

\_\_\_\_ (Initial Here) I understand that music must cease one hour prior to the end of my rental  
(no later than 11:00 p.m., whichever comes first).

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO:**  
City of Fremont Parks & Recreation  
3300 Capitol Ave, Bldg B  
Fremont, CA 94538  
Tel: (510) 791-4324  
Fax: (510) 791-4104

**OFFICE USE ONLY**  
Rec'd By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Rental/Permit # \_\_\_\_\_



**Parks & Recreation Department**  
**CENTERVILLE FACILITY RENTAL**  
**CREDIT CARD AUTHORIZATION**

This form authorizes the City of Fremont Parks & Recreation Department to  
charge my credit card in the amount of \$ \_\_\_\_\_ for use of the  
Centerville Community Center's \_\_\_\_\_ (please list room)  
on \_\_\_\_\_ (rental date).

This charge is to cover (rental fee total) \$ \_\_\_\_\_ and a \$275.00  
refundable damage deposit.

Name as written on card (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_

Last 4 Digits of Card - \_\_\_\_

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(Information below will be shredded after transaction is approved)

Card No. \_\_\_\_\_ - XXXX